

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-11

15-1385 29 Poni Moi Street

Reviewer: Terri Van Houten

Keaau

HI

96749

Begin Date: 10/5/2021

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/4/2021.

| Foster Family Home | Background Checks | [11-800-8] |
|--------------------|-------------------|------------|
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - Lapse in fingerprints/eCrim report

CG#1, CG#2, and CG#3 - Unable to locate fingerprint results

CG#3 - lapse in eCrim. Renewal due by 4/15/21 and was completed on 6/14/21

8.(a)(2) - Lapse in APS/CAN results

CG#1 - no eCrim report present in binder

CG#2 and CG#3 expired 8/28/21.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG#1 and CG#4 did not have a current driver's license or state issued ID. CG#4 did not have an alternate transportation plan.

| Foster Family Home | Client Care and Services | [11-800-43] |
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - Unable to locate RN delegations for Client #2

Foster Family Home - Deficiency Report

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CG present at time of survey was unable to locate fire drills completed in the last 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of current Liability Insurance. Expired 1/1/2021

Foster Family Home

Records

[11-800-54]

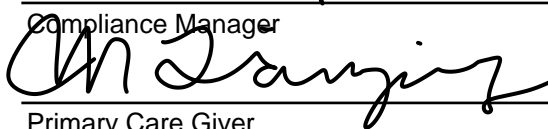
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Client #3 did not have evidence that the service plan has been reviewed every 6 months. (Missing service plan from 2/2021)



Compliance Manager



Primary Care Giver

10/5/21

Date

10/5/21

Date